

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168127

Entity Name: CRISTEN COKER COUNSELING LLC

Current Principal Place of Business:

509 LIVE OAK STREET
EDGEWATER, FL 32132

Current Mailing Address:

509 LIVE OAK STREET
EDGEWATER, FL 32132 US

FEI Number: 46-4307613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COKER, CRISTEN
509 LIVE OAK STREET
EDGEWATER, FL 32132 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name COKER, CRISTEN
Address 509 LIVE OAK STREET
City-State-Zip: EDGEWATER FL 32132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRISTEN COKER

OWNER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date